THE

MEDICAL NEWS

AND

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CLINICS.

WILLS HOSPITAL.

Service of Dr. Hays.

Report for the quarter ending December 31st, 1843.

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This number contains two and a quarter sheets, and will pay newspaper postage.

Operations during the quarter.

For Artificial Pupil, - -	8
" Cataract, - - -	6
" Pterygium, - -	1
" The removal of a piece of iron from the posterior chamber of the eye,	1—16

Several of the cases included in the above report, presented in their history some points which may be of sufficient interest to deserve a brief notice.

1. The case of the man, from whose eye the piece of iron was removed.

While engaged, at Parkesburgh, in repairing the locomotive of which he was the engineer, a piece of iron struck his left eye, towards the inner angle, making a horizontal wound about half an inch in extent. He was brought to the city and taken to the Pennsylvania Hospital, where he was treated for the inflammation; he himself believing from the statements of those around him, and that of the physician who was called immediately after the accident, that the iron was not in the eye, but had fallen out immediately after striking the organ. After remaining there ten days, he left and came to the Wills Hospital, where he was treated for some time for the removal of the inflammation. On the 1st of October he came under the care of Dr. Hays, who was induced to believe from the repeated relapses which had occurred, that a foreign body was in the eye. Symptoms of sympathetic inflammation of the other eye appearing, confirmed this view, and determined Dr. H. to open the eye and remove the source of irritation.

Accordingly, on the 10th of October, thirteen weeks after the accident, Dr. Hays opened the cornea, as in the operation for the extraction of cataract. The parts were found so united together by the effusion of lymph, that it became necessary to break up the lens with a curette; in doing which a small portion of pus was observed, the curette was then passed still deeper, when the foreign body was felt. This was seized with forceps, but the opening not being sufficiently large, it was extended in the direction of the original wound by scissors. The body was then again seized, and extracted. When removed it was found to be a piece of the head of a chisel, weighing 15 grains and measuring in length half an inch, and in breadth $\frac{7}{20}$ of an inch. The patient was put to bed, sulphate of morphia given to allay the pain, which was excruciating, or, as the patient said, if all the teeth in his head had been pulled at the same time, the pain would have borne no comparison to that occasioned by the removal of the iron.

He recovered however without any bad symptoms, the threatening signs of sympathetic iritis disappeared, and he was discharged on the 28th of October entirely free from inflammation in either eye, and the form of the wounded eye tolerably well preserved.

2. The second case was that of a man in whom the internal portion of the lower eyelid, for about half an inch from the punctum, adhered to the lower half of the cornea, drawing up the inner portion of the lid and limiting the motions of the eye. This deformity resulted from an operation for the removal, several years ago, by a practitioner in the western part of New York, of a pterygium. The lid was separated from the ball with a small scalpel, and the margins of the divided mucous membrane lining the lid brought together by three ligatures to prevent re-adhesion. The ligatures came away in a few days, the parts healed, and the eye was restored to its natural motions. A dense cicatrix was left on the cornea, which was however much diminished by the use of astringent collyria.

A pterygium was also removed from the other eye a short time after, and the patient discharged in a few weeks, relieved of his embarrassing deformity.

3. This case presented a striking example of the beneficial effects of the external application of the nitrate of silver, as a remedy in the photophobia accompanying scrofulous ophthalmia. The patient had been subject to attacks of inflammation of the eyes for a number of years, and when brought to the Hospital the photophobia was so intense that not the least ray of light could be borne. Upon examination, the conjunctival inflammation was but slight, by no means sufficient to account for the intense photophobia, and no rheumatismal complication could be discovered. A very marked result followed the application of the solid nitrate, lightly drawn over the lids, previously moistened. The patient, previously unable to bear any light, could the next day walk about the house, with however a slight contraction of the muscles of the face to prevent too great access of light; but a second application a short time after, completely removed this, and she

was discharged cured about six weeks after her admission.

JNO. CURWEN, *Resident.*

January, 1844.

—

HOTEL DIEU.

Lecture on the Accidents which complicate Surgical Operations. By Prof. ROUX.

Last year, on a similar occasion, I drew your attention to the errors that might be committed in the diagnostic of surgical diseases; to-day it is my intention to describe *the accidents that complicate surgical operations.* First, what is to be understood by the term *accidents?* Like many others it is easier comprehended than defined. In my opinion, the best definition is "every circumstance, every mischance which does not form part of the operation, yet influences more or less the consecutive symptoms, or the object to be attained." These accidents may be divided into, 1st, *primitive, or instantaneous, occurring during the operation;* 2d, *consecutive, coming on shortly after the operation;* 3d, *distant, taking place some time after the operation;* for instance, after amputation, the muscles in retracting may give rise to a conical stump; after lithotomy, enuresis may take place, because the bladder in cicatrizing loses its elasticity, or an urinary fistula may be produced; and after the operation for aneurism, by Hunter's method, though the cure appear perfect, a relapse, in spite of the utmost care and attention, may supervene. It must not, however, be supposed that these divisions can be so accurately observed in the living subject, where the first often produce the accidents of the second, and these last, those of the third, because consecutive accidents, are frequently owing to some error or omission committed during the operation, or, in other words, to a primitive accident. It is, notwithstanding, indubitable that the secondary accidents are often produced by hygienic causes, acting on the patient after the operation; thus in cataract, in spite of the precision with which the operation is performed, and the care bestowed on the patient afterwards, sometimes it succeeds, sometimes fails, and that in patients placed in similar conditions. Among the *primitive accidents,* some belong to all kinds of operations, and may be called *common*, others to certain operations only, and may be called *special.* They have been studied with much more care by modern than ancient authors, notwithstanding the immense progress surgery has made of late. This is owing to the greater accuracy in observing, and to the care taken by surgeons to point out in their works, or in their Clinical Lectures, the errors committed by colleagues, in order, say they, to prevent their recurrence, but perhaps, in truth, to criticise. It is a fault, nay, more, a crime, to conceal accidents which occur for want of precaution, as thus we not only deceive our colleagues, but lead astray those who look up to us for instruction, and receive our words as oracles. Sincerity is needful in every science, but more so in ours, the end of which is the health and life of our fellow-creatures; and every individual who does not scrupulously perform this duty, is unworthy of exercising so noble a profession, for, in deceiving himself, he deceives those who have an undoubted right to know the whole truth, and causes a prejudice to mankind. By acting thus, J. L. Petit, Pott, Boyer, &c., were so deservedly esteemed, and may be cited as examples. What surgeon, however well informed or prudent, can affirm with truth that he never made a mistake; has it not happened to J. L. Petit and other eminent practitioners? I will here mention three cases in which casualties have occurred to myself; the first was a fracture of the arm, in which sphacelus was produced by the compression of the bandage: amputation was performed, the patient died:—the second, an abscess, in developing itself in the groin, had pushed the crural artery out of its natural position; not aware of this anomaly, I plunged a bistoury into the tumour; a gush of arterial blood showed that the femoral artery was divided. A ligature was immediately applied; no immediate accident took place, but the patient died from the excessive suppuration:—the third, that of a case of urinary calculus. A young man was operated on for stone, and every thing seemed to promise a speedy recovery, when all at once the urine ceased to flow through the wound, the patient was seized with shiverings and pain in the perineum, and died. The *post-mortem* examination showed that the lithotome caché had divided the bladder much farther than had been supposed or intended, and that there was an infiltration of urine in the cellular tissue. Numerous causes may give rise to these accidents:—*Error in the diagnosis;* for instance, aneurisms have been taken for

abscesses, and opened, producing thus a hæmorrhage which may become fatal.—*Character and nature of the operation;* thus, in lithotomy, the calculus is sometimes so considerable, that the parts may be bruised or torn when the division of the bladder is small, or wounded, giving rise to serious accidents, if the division is sufficiently large; again, in extirpating a tumour, the length of time needed, fatigues the sufferer, the loss of blood from the number of vessels divided, weakens him, and the situation in a part surrounded by organs essential to life, renders the operation tedious and dangerous. Another source lies entirely with the surgeon, if he operates too rapidly, too slowly, or with bad instruments, or if he employs an assistant who does not possess the necessary intelligence;—for example, in performing lithotomy, if the person whose office it is to hold the catheter, does not keep it in its proper place, the bladder, rectum, or other important organs, may be wounded; and in amputations, if those who exercise compression on the principal artery, hold the limb, or draw back the soft parts when cut, &c., are neglectful of their duties, how can the operation succeed? *Syncope.*—Two kinds are to be met with:—*Nervous Syncope*, coming on after a slight, and even without the least, loss of blood; probably, the brain is here first affected, and by reaction on the circulation, it produces syncope, which, when carried to a certain extent, may cause apparent, and even real, death. In such cases, the operation must be discontinued, cold water thrown on the face, horizontal position, nostrils stimulated by ammonia, &c. *Anemic Syncope*, produced by the loss of a considerable quantity of blood during the operation, is more frequent in copious hæmorrhages than in those which take place by degrees, and when the patient has been weakened by previous disease; is distinguished from the former by its being produced solely by a disturbance in the circulation, and because it ceases as soon as the hæmorrhage begins, to appear again when the flow of blood ceases. One of the best methods that can be employed to combat this accident, is, the compression of the aorta abdominalis, employed first by M. Baudelocque in uterine hæmorrhage. Cases illustrative of the foregoing remarks: A man wounded in the shoulder, in July, 1830, was brought to la Charité; on the 14th day, hæmorrhage took place, followed by several relapses, and by syncope. All other means failing, compression of the aorta was had recourse to, and the patient, before apparently dead, revived sufficiently to answer our questions. Everything was prepared for the ligature of the axillary, and I was on the point of performing the operation, when syncope came on again, and carried him off. A child affected with a fungus hematodes of the neck, of the size of a walnut, was confided to my care, and as it increased, I decided upon operating. Notwithstanding the utmost care, several vessels were divided; syncope took place, and ceased on pressure being exercised on the aorta, and the child, though it had several other attacks of syncope, ultimately recovered. Another child, affected with the same disorder, was taken with syncope, from loss of blood, and died. *Hæmorrhage*—by which is meant the loss of a sufficient quantity of blood to endanger life. As adults support hæmorrhage better than old persons and children, the age of the patient must be considered before undertaking an operation. This recalls to my mind a case which occurred to me at the outset of my surgical career. A child, three years old, affected with a large tumour of the neck, was brought to me. The case offering some danger, I called upon my excellent master, Baron Antoine Dubois, who acted the part of a kind parent to me, and asked him if he thought I ought to operate, —the reply was, "*do it:*" I, therefore, requested the favour of his presence, and mentioned the day and hour; but on second examination, before the operation, and when everything was ready, he said to me, "*I am going away,*" and immediately left the room. These few words were sufficient to convince me, that he thought the operation would be productive of serious accidents, and would not sanction it by his presence; I, therefore, did not perform it. This circumstance recurs to my mind every time I have a difficult operation to perform.—Hæmorrhage may be arterial or venous; the former is generally most to be feared, on account of the greater vitality of the blood lost, or the greater rapidity with which it escapes; still, the latter is not without its danger in certain operations on the neck, and because it is not so easily put a stop to by ligature or compression. Cases:—Five or six years ago, yielding to the solicitations of a patient affected with an immense bronchocele, I began the operation, but the divi-

sion of some large veins obliged me to cease. A lady was recommended to my care by a provincial colleague, on account of a tumour situated at the anterior and lateral part of the neck, of the size of an egg, and apparently adherent to the sterno-cleido-mastoideus. Her mother died from a cancer similarly situated, and my colleague feared a similar fate for the patient, a relative of his own; but I diagnosticated a strumous tumour, and consequently advised her to do nothing. I was, however, solicited to remove it, and acquiesced, though unwilling. A crucial incision being made, the tumour was carefully dissected; but when nearly removed, the jugular, or some other large vein was opened, and the hæmorrhage which took place, obliged me to cease for a moment, and though it did not prove fatal, still the patient died from other accidents. In such cases, the means to be adopted are: *compression* in wounds of the arteries of the lower extremities; it must be performed on the crural, iliac, or aorta; and of the upper extremities on the brachial, axillary, or subclavian;—*ligature*, which in some cases may be performed before beginning the operation. *Nervous accidents*, such as spasms, convulsions, &c. In general, they are produced by fear of the operation, or by pain; as to individual disposition, it is impossible to assign any plausible cause why strong, robust men, who on the field of battle know not what it is to tremble, cannot support the slightest surgical operation, whilst weak and feeble women show a courage truly astonishing. Twelve or fifteen years ago, I was requested to extirpate a tumour from the breast of a young lady, 18 years old. I commenced the operation, but perceiving that the patient was silent, and supposing it might be from timidity, told her not to restrain herself, but to scream if she pleased; to which she made this extraordinary reply: "Go on, Sir, physical pain is easily borne." Another lady, a native of Belgium, came to Paris to have a tumour extirpated from the breast. The operation lasted nearly an hour, on account of the numerous ramifications and adherences the tumour offered with the neighbouring parts; during the whole time the patient never uttered a scream; on the contrary, this heroic lady begged us not to spare her, but to continue until the very root of the disease was extirpated. It appears that this was not the first time she gave proofs of her courage in extraordinary circumstances, even on the field of battle. It is necessary not to confound with this resignation and fortitude, the factitious courage that certain boasters exhibit under surgical operations, and which is ordinarily followed by serious accidents. At the commencement of my career, I succeeded in fourteen or fifteen amputations, successively, at Beaujon; and the first reverse I experienced was with an individual who, during the operation, exhibited extraordinary but artificial courage. As to the spasms and convulsions, which some authors say take place whilst operating, they have never happened to me; but Deschamps told me that a patient, on whom he was on the point of performing lithotomy, experienced such violent convulsions, on hearing him ask for a razor to shave the perineum, that he was obliged to postpone the operation; and that another had a nervous fit, followed by death, after an operation for phymosis. Bichat, likewise, mentioned a case to me where Desault lost a patient in convulsions, immediately after the operation of fistula in ano."—*Med. Times*, Dec. 1843.

MEDICAL EDUCATION AND INSTITUTIONS.

Medical Service in the Navy. No. 6.

Almost every politician who has obtained a place on the floor of congress, attempts to secure himself in the affections of the people, by energetically commiserating their poverty and ignorance, and at the same time, that he persuades the nation it has no money, he shouts economy, economy. But strange to remark, these modern Ciceros apply the word and the practice of the thing exclusively to dollars and cents,—to columns of figures. Human life, health, morality, pain, agony, are all brought to a money standard. Shall we see the day when there will be a government price-current of human life, especially for the navy and army? An ordinary seaman's life will be worth more than that of a landsman, but less than that of a seaman! The life of a private soldier will be worth less than that of any other individual in the army, because all these things must be regulated according to rank! When this price-current is established, medical officers will be expected to calculate the cost of cure and set it opposite to the assessed value of the life in question; and if the relief is to cost too many dollars comparatively, the

surgeon will show his love for the people by saving their money and permitting their fellow-citizen (soldier or sailor) to suffer and die—and then too, the surgeon may come forward in the high places and say, behold how many dollars I have saved for you by withholding luxuries, misnamed comforts, from the sick and hurt.

Mr. Wise wishes the world to know how much it costs to support hospitals in the navy for the past ten years; is this owing to the supposition that seamen are not entitled to the whole,—to all they receive? or is there a suspicion of an improvident use made of the navy hospital fund? There is little doubt, however, be the motive what it may, but that the information obtained by the call will be useful and interesting. It is to be regretted that the expenses of marine hospitals, and the cost of taking care of sick sailors in the various civil hospitals of the United States, were not also asked for.

The anxiety for retrenchment, which is not economy always, will probably lead to a reduction of appropriations for the use of the sick and hurt; the number of medical officers, little more than half enough now, may be diminished, or there may be some notion to limit the measure of sick mens' gruel and *soup maigre*, in order to show up to the gaze of this nation, that a large number of their sick fellow-citizens have been *treated* for a remarkably small sum, which sum the nation is supposed to pay; but the supposition is untrue. There is no class of men, citizens of the United States, who pay a heavier rate of tax than sailors in the navy. The income of an ordinary seaman is $120 a year, out of which he pays $2 40 into the navy hospital fund. This fund is constituted by the payment of $2 40 yearly by every individual in the navy, and by a credit of twenty cents daily (the amount of a ration, which constitutes a part of a sailor's pay) for every individual while he may be maintained at the expense of an hospital ashore or afloat. If we take 7000 as the number of persons employed in the navy, and the number of sick to be six per cent., we may form an estimate of the yearly income of the navy hospital fund. The "hospital money" will be upwards of $16,000, and the sum accruing from "stopped rations" must be at least $30,000. Here is $46,000 paid yearly by persons in the navy towards the support of an hospital establishment; this tax is paid by 7000 persons whose individual income on an average does not exceed $150 a year. We are not aware that any other body of the same numbers pays as heavy a tax.

It is not our purpose, however, at this time, to consider this branch of medical service in the navy; but to contrast the pay of medical officers with that of some others, so that we may see the value set upon the medical profession comparatively, by the government.

We will first compare medical officers with pursers in the navy, in point of pay, merely remarking that the avocation of a purser is to keep a correct account of the disbursement of money, and, taking into consideration the nature of the responsibility, the pay of this class of officers is quite small enough to secure the services of competent and honest men. The following will show the rate of yearly pay of a purser during twenty years:

	On leave.	*Shore duty.*	*At sea.*
Under five years standing,	$1000	$1500	$1873
Over 5, and under 10 yrs.	1200	2000	2073
" 10, " " 15 "	1400	2500	3073
" 15, " " 20 "	1600	2500	3373

During any period of service, under twenty years from the date of their commissions, pursers will not receive less than the lowest sums set down above, and the chances are they will receive the highest.

The following shows the yearly pay that may be received by a medical officer during the first twenty years of service:

	On leave.	*Shore duty.*	*At sea.*
Assistant surgeon for 5 yrs.	$650	$950	$1023
Passed ass't " say, " 5 "	850	1150	1270
Surg. under 5 yrs standing,	1000	1250	1406
" over 5 and under 10 yrs	1200	1500	1673

During the last term of five years in these twenty years service, the surgeon may be appointed fleet surgeon, at sea, in which event his pay will be $1873.

Let us suppose two individuals of the same age, say twenty-five years, to accept commissions in the navy on the same day, one as assistant surgeon, the other as purser; one master of a profession requiring long and deep study and a high order of talent for its attainment; the other, master of certainly the less abstruse art of book-keeping; one takes care of the health and lives of his fellow-citizens, and the other keeps an account of their money. We have only to compare the above tables to arrive at the conclusion that, in the navy, the art of book-keeping is estimated to be worth nearly

twice as much as the science of medicine and surgery. At the end of twenty years service, the medical officer on leave receives $1200, but the purser $1600; on shore duty the medical officer receives $1500, but the purser $2500; at sea the medical officer receives at the utmost $1873, but the purser $3573. Such is the difference in the estimated value of medicine and book-keeping.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Dr. Bond's placental forceps.—At the last meeting of the Philadelphia College of Physicians, after giving some account of the mechanical means, heretofore recommended or now in use, for the removal of the placenta, in those cases of abortion where it is retained and attended with obstinate hæmorrhage, Dr. Bond laid before the College a *placental forceps* which he had recently contrived. The instrument is about ten inches long, curved laterally on a radius of about twelve inches, and the blades are an inch and a half longer than the handles. The blades terminate in an oval expansion half an inch wide. The handles and blade, including the edges of the oval expansions are rounded or bevelled off, very much like those of his œsophagus forceps, so as to preclude all probability of wounding or pinching any of the surrounding soft parts. The inner part of the oval expansion is made concave and rough, so as to maintain a secure grip upon the body embraced. These precise dimensions, as to the length and curvature of the instrument, are not considered essential, but it is probable that they will be found most convenient. The professors of obstetrics in the University of Pennsylvania and in Jefferson Medical College have exhibited it to their respective classes with very decided commendations. A more particular description, with a figure of the instrument, will, we learn, appear in the April No. of the American Journal of the Medical Sciences.

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University of Pennsylvania.—From the catalogue just published, we learn that the class the present session is 424.

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Jefferson Medical College.—The catalogue of the class for the session 1843–44, just issued, embraces the names of 341.

New Publications.—Messrs. Lea and Blanchard have just issued "Lectures on the more important Diseases of the Thoracic and Abdominal Viscera, by N. Chapman, Prof. Theory and Practice of Med. in the University of Pennsylvania;" also Part 2d of Drs. Horner and Smith's Atlas.

They will soon publish, we are informed, Simons' Medical Chemistry, Wharton Jones' Manual of Ophthalmic Medicine and Surgery, and Jones and Tod on the Diseases of the Ear. The first part of the Cyclopedia of Practical Medicine will appear early in March.

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FOREIGN INTELLIGENCE.

Formula for the revulsive, antirheumatic paper of Berg.—Take of Euphorbium 30 parts; Cantharides 15 parts; Alcohol 150 parts; Digest for 8 days, filter, and add:—Rosin 60 parts; Turpentine 50 parts.

Paper is to be coated with three layers of this varnish.—*Journ. de Pharmacie*, June, 1843.

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Caventous formula for the rubefacient ointment of Croton oil.—Take of Lard 3 parts; Wax 1 part; Croton oil 2 parts. Dissolve the wax in the lard at a low heat, and allow the whole to become cold; scrape it off by thin layers and incorporate the Croton oil with it.—*Ibid.*

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The Infant Martyrs.—This is the quaint title of an interesting report on the burning of children, communicated to the Royal Institution of Cornwall, by Dr. Barham. The number of deaths caused by the clothes taking fire is much greater than most persons imagine, and we shall notice some of Dr. B.'s statements in the hope of awakening attention to the subject. It appears that in certain parts of England, containing a population of nearly 3,000,000, the deaths by burning in 1838 were 723, or 1 in 4085, and that in Stafford and Shropshire the mortality was even higher, being about 1 in 2000 of the population! Among the 723 deaths above mentioned, 541 occurred under ten years of age. Of 94 who perished by burning in South Staffordshire, 81 were destroyed by their clothes catching fire, and of these 61 were under ten years of age.

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Scopolina Atropoides.—Dr. Lippich recommends the extract of this plant in cases

of mercurial salivation, and it has been administered in numerous cases with success by Drs. Brenner and Felsach. Not more than 2 grs. should be given in a day, or it proves narcotic.—*Med. Times*, Jan. 20.

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Surgical patents.—M. Gannal, in Sept. 1837, took out a patent for a method of embalming, which consisted mainly in the injection of a solution of sulphate of alumina and of arsenic into the arterial system, and by virtue of this he maintained that he alone had the right in France to embalm by injection, and announced that he would prosecute any medical man who attempted to infringe his patent. M. Marchal, a distinguished young surgeon, conceiving this claim to be an infringement of the rights of the profession, publicly injected a body with a solution of arsenic, previously giving M. Gannal notice of his intended operation. M. Gannal, conceiving his patent to be infringed, brought a suit against M. Marchal before the "Tribunal Correctional" of Paris, and this tribunal have decided that the human body could not be assimilated to merchandize, and that it is not possible to take out a patent for any operation performed on it. The case was consequently discharged, and the costs, which are heavy, fall on M. Gannal.

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Formation of tubercle.—Dr. Klencke is of opinion that the formation of tubercle is dependent upon some lesion or defect in the structural transformation of the cells of the affected tissue. From the general debility of the natural powers the normal cells are only imperfectly converted into the parenchyma or proper substance of the part where the tubercles are developed; and thus, instead of forming a constituent portion of its organization, they act as so many foreign and irritating bodies disseminated through it. Their appearance under the microscope gives considerable weight to this view of their origin; for when examined with a moderate magnifying power, they are found to consist of half-formed cells, fibres, &c., associated with a granular matter that resembles coagulated albumen. If this pathological suggestion be correct, how much must depend on a judicious invigoration of the nutrient and reparative energies of the system, if we hope to arrest the progress of this fatal malady.—*Med. Times*, Jan. 20, 1844.

Stone in the bladder of children.—Dr. Aberle in the *Allgemeine Zeitung fur Chirurgie* recommends a plan of relief in these cases without operation. His object is to diminish the spasmodic action of the circular muscles, to attain which he gives internally an emulsion of hemp seed, with the extract of henbane, and prescribes frictions on the perinæum with belladonna ointment. In the case of a boy, in whose bladder a stone of the size of a large pea was sounded, this plan was tried, and eight hours afterwards the stone was found in the canal of the urethra, whence it spontaneously disengaged itself. Thirteen other cases were tried by the doctor with equal success, and in no case was the paralysis of the *sphincter vesicæ* of any length. The fact that the walls of that vessel are formed exteriorly by longitudinal muscular fibres constituting the *detrusor urinæ*, and internally by muscular fibres obliquely curved, and which are thicker as, nearing the neck of the bladder, they form its sphincter, is of course the fundamental hope of this plan of treatment. Gravel is a common malady in the district of the author.—*Ibid.*

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Ligature of common iliac.—Mr. Richard Hey has recently performed this operation for the cure of an aneurism of the external iliac. The ligature came away on the thirtieth day.—*Prov. Med. Jour.*, Jan. 27, 1844.

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Fibrous tumours of the Mamma.—Prof. Cruveilhier read to the French Academy of Medicine on the 9th of January last, a memoir on fibrous tumours of the breast, often mistaken for cancer. The conclusions to which the learned author has arrived are, 1st. That the mammæ may become the seat of fibrous tumours. 2d. That they are to be distinguished from scirrhus and cancer, from their not being adherent. 3d. That they never become cancerous, and ought not therefore to be extirpated.—*Med. Times*, Jan. 20, 1844.

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Paralysis of the Bladder.—Dr. Ross of Cambusmore gave an old man, labouring under paralysis of the bladder from over distension, the secale cornutum in the dose of ten grains gradually raised to half a drachm, with the happiest effects. The medicine was administered in the form of powder, mixed with warm water.—*Ibid.*